

ER

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Mr Phillip McCoy - HW 6177 - 887-310

90

7394

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Det-Frank A. Martin #9016-SWDD, 5 Squad
Det-Wm. Farrell #996, SWDD-5-Squad
Det-Patrick Smith #641, SWDD-5-Squad
Sgt-Joseph Ryan #366, SWDD-5-Squad
Mr Patrick Stack-Assignment-Judge
Dwayne White #2154-19th District
Mr George W Overton - Judge
Ms. Sheila Woodskipper - Judge
Ms Carmella Jacquinto - Ais Attorney
Mr John M Younge - Judge
Mr William J. Mazzola - Judge

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

RECEIVED
DEC 16 2010

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr Phillip McCoy
ID # County number 887-310 - State number HW 6177
Current Institution S.C.I Pittsburgh
Address P.O. Box 99991, Pittsburgh, PA 15233
Commonwealth of Pennsylvania

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Me Phillip McCoy - HW6177-887-310

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Me Leon Tucker - Judge
Ms. Marsha H. Neifield - Judge
me Steven Collier asst. Dist. Attorney

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Me Phillip McCoy
ID # County number 887-310 - State number HW6177
Current Institution S.C.I. Pittsburgh
Address P.O. Box 99991
Commonwealth of Pennsylvania

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Mr George W. Overton Shield # Judge
Where Currently Employed Courtroom 1101
Address 1301 Filbert Street
Philadelphia, Pa 19107

Defendant No. 2 Name Ms Sheila Woodskippze Shield # Judge
Where Currently Employed Courtroom 1107
Address 1301 Filbert Street
Philadelphia, Pa 19107

Defendant No. 3 Name Ms Carmella Jacquinto Shield # Ass Attorney
Where Currently Employed _____
Address 1301 Filbert Street / 3500 South penn penn square
Philadelphia, Pa 19107 Phila pa. 19107

Defendant No. 4 Name Mr John M. Younger Shield # Judge
Where Currently Employed _____
Address 1301 Filbert Street
Philadelphia, Pa 19107

Defendant No. 5 Name Mr William J. Mazzola Shield # Judge
Where Currently Employed Courtroom 905
Address 1301 Filbert Street
Philadelphia, Pa 19107

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____
55th Pine St. Philadelphia, Pa 19143

B. Where in the institution did the events giving rise to your claim(s) occur? _____
N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
4/6/2001 to 10/10/2008 to 1/13/2009

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Det - Frank A. Martin SWDD-5 Shield # 9016
Where Currently Employed Philadelphia Police Department
Address 55th Pine Street
Philadelphia, Pa 19143

Defendant No. 2 Name Det - Wm Farrell - SWDD-5 Shield # 996
Where Currently Employed Philadelphia Police Department
Address 55th Pine Street
Philadelphia, PA 19143

Defendant No. 3 Name Det - Patrick Smith - SWDD-5 Shield # 641
Where Currently Employed Philadelphia Police Department
Address 55th Pine Street
Philadelphia, PA 19143

Defendant No. 4 Name Sgt - Joseph Ryan - SWDD-5 Shield # 3660
Where Currently Employed Philadelphia Police Department
Address 55th Pine Street
Philadelphia, PA 19143

Defendant No. 5 Name P/O Dwayne White Shield # 232085
Where Currently Employed Philadelphia Police Department
Address 19th District
Philadelphia, Pa

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? 55th Pine St. Philadelphia, PA 19143

B. Where in the institution did the events giving rise to your claim(s) occur? 4/A

C. What date and approximate time did the events giving rise to your claim(s) occur? 4/6/2001 to ~~10/10/2008~~ to 1/13/2009
to 10/10/2008 to
- 2 -

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name MR. Leon Tucker Shield # Judge
Where Currently Employed Courtroom 1103
Address 1301 Filbert Street
Phila. pa. 19107

Defendant No. 2 Name MS. Maresha H. Neifield Shield # Judge
Where Currently Employed _____
Address 1301 Filbert St.
Phila. pa. 19107

Defendant No. 3 Name Steven Collier Shield # ADA
Where Currently Employed District Attorneys Office
Address 3 South Penn Square
Phila. pa. 19104

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? 55th & Pine St
Phila. pa. 19143

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? 4/6/2001, - 10/10/2008 - ~~11/16/08~~ 11/16/08, 9/23/09

What
happened
to you?

D. Facts: I Phillip McCode/McCoy - live at 5014 master st. Philadelphia 19131
They say they had a search warrant for 5014 master & 661 N. Yewdall st.
They showed none at all at 661 N. Yewdall. I was coming out of
The Bathroom at 661 N Yewdall, The police kicked in the door
& arrested me, they took me down stairs & started search the house
without a warrant. They took boxes out the residence they
say it was blank check paper, computer etc...

Who
did
what?

Det. Patrick Smith #641 55 squad SWD was the first one then he came up
the stairs, He took me down stairs then officer P/O Dwyer who
handcuffed me & sat me on the couch - Det Frank Martin #9016, Det. Wm.

Was
anyone
else
involved?

Farrell #9916 They went up stairs to search. They also found a key.
They find a friend of mine up stairs Mr. John Cavallo
behind the front bedroom door, they bring him down & put
him on the couch next to me. They continued to search
& then they took us out of the house & placed us in
police cars transported us to 55th & pine "where we were given drug charges".

Who else
saw what
happened?

The block captain Mrs. Conna Howard saw this & testified
at a suppression hearing to what she saw. She stated I never
lived at this house & she never saw me until the day I was
arrested with Mr. Cavallo who did live there for years, & she knew the
land lord who owned the property...

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical
treatment, if any, you required and received. Injuries were violations of my
constitutional rights, statutes etc... emotional distress,
USCA const. amends 4, 14 PASCA art. 1 & 8, art. 9. rules of
criminal procedure 203, 205, 207, 208, 202, loss of wages, loss
of reputation, slander, harassment, malicious prosecution,
stress & mental anguish on family etc...

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997c(a), requires that "[n]o action shall be
brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a
prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are
available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

55th & Pine St. Phila. pr. 19143
 Date of arrest: 4/6/01 date disposed of
 9/23/09

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

I was out on bail

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

N/A

1. Which claim(s) in this complaint did you grieve? _____

N/A

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

I was on Bail

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Deliberate indifference, punitive damages, injunctive & money damages, compensatory \$15,000,000 million dollars, clear police record

N/A

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff *N/A*

Defendants *N/A*

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case *N/A*

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes _____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of November, 2010.

Signature of Plaintiff

Phillip McCoy

Inmate Number

Hw 6177

Institution Address

Sci Pittsburgh
99991 PO Box
Pittsburgh PA 15233

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Lisa R. Wodarek, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Oct. 24, 2012

Member, Pennsylvania Association of Notaries

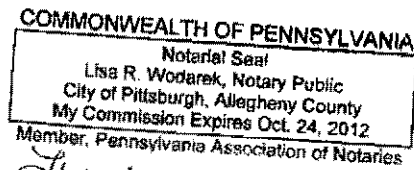
Lisa Wodarek 11/8/10

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of November, 2010, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:

Dillip McGeary Hub 177



Lisa Wodarek 11/8/10

EK

10 7334

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: PO Box 99991 Pittsburgh, PA 15233

Address of Defendant: _____

Place of Accident, Incident or Transaction: Philadelphia
(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?
(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a)) Yes ☐ No ☐

Does this case involve multidistrict litigation possibilities? Yes ☐ No ☐
RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? Yes ☐ No ☐
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? Yes ☐ No ☐
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court? Yes ☐ No ☐
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? Yes ☐ No ☐

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☒ Civil Rights SSO
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases
(Please specify)

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases
(Please specify)

ARBITRATION CERTIFICATION

(Check appropriate Category)

I, _____, counsel of record do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, Section 3(e)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: JES 16 2010

John Aron
Deputy Clerk

Attorney I.D.#

ER

APPENDIX I

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

McCoy
v.
Martin et al

CIVIL ACTION


10 7334
NO.

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. §2241 through §2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X) 550

Date


Deputy Clerk

Attorney for

Telephone

FAX Number

E-Mail Address